## 

## U.S. Department of Justice

United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF									
						COURT CASE NUMBER			
RALPH RODRIGUEZ						22-cv-02198 (PMH)			
DEFENDANT  FOWARD BURNETT ET AL						TYPE OF PROCESS			
EDWARD BURNETT, ET AL.  NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR D.						Summons & Complaint			
SERVE Davach	i M. Sullivan	, Nurse Prac	ticioner				TO SEIZE OR CO	ONDEMN	
AT ADDRESS Fishkill	(Street or RFD).  Correctional	Facility, 18	ny. State and Zi Strack Drive	e, Beacon, N`	/ 12508-030	)7			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285			
Ralph Rodriguez, DIN: 17A0928 Fishkill Correctional Facility P.O. Box 307						Number of parties to be			
						served in this case			
Beacon, NY 12508						Check for service on U.S.A.			
Signature of Attorney other Originator	r requesting servi	ce on behalf of:	× PLAIS	STIFE	TELEPHONE	NUMBER	DATE		
S. Harrold			DEFE	NDANT		6/8/2022			
	LOW FOR U	JSE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW TH	IS LINE		
Lacknowledge receipt for the total number of process indicated.	Signature of Francisco Control						Date	<u>OPT POT TO PROTECT OF THE PARTY OF T</u>	
thamber of process fidicated. tSign only for USM 285 if more than one USM 285 is submitted)		Origin No. <u>054</u>	Serve No. <b>USY</b>	2		618	122		
hereby certify and return that I A h individual, company, corporation, etc.	., at the address sl	nown above on fl	ne on the individ	ual, company, co	poration, etc. sh	own at the address in	ne process describe serted below.	d on the	
I hereby certify and return that I are	and the second second	e the individual.	company, corpo	metical ato access.		and a land on			
			1 7 1	tation, etc. manee	Labove (See rem	T (O'AS DETON)	·		
Name and title of individual served (i)	f not shown above				tabove (See rem	Date	Time	Limit	
Name and title of individual served <i>(i)</i> PHNY LUMM(C	t not shown above SS-IU			ration, etc. framee	tabove (See rem	Date 610122	2:30	Limit	
Name and title of individual served <i>(i)</i> PHNY LEMOLO	t not shown above SS-IU			tation, etc. name	above (See rem	Date	2:30	L	
Name and title of individual served <i>(i)</i> PHNY LEMM(C	t not shown above SS-IU	?) (		red USMS Cost S		Date 610122	2:30	Louis	
Name and title of individual served (1) PENTY LEMM ( Address (complete only different than	fnor shown above S Ill shown abover	Costs	shown on gitach	ed USMS Cast S		Date 610122	2:30	Louis	
Name and title of individual served (1) PUNITY LEMM (C Address (complete only different than	t not shown above SS-IU	Costs	shown on gitach	ed USMS Cast S		Date 610122	2:30	U.S. DISTRIC	